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**\*BIBDATASHEET\***

CONFIRMATION NO. 3843

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/043,436	<b>FILING OR 371(c) DATE</b> 01/10/2002 <b>RULE</b>	<b>CLASS</b> <del>536</del> 44	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 0975.1005-018
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/927,703 08/10/2001  
 which is a CON of 09/756,398 01/08/2001 PAT 6,835,823  
 which is a DIV of 09/133,119 08/12/1998 PAT 6,277,969  
 which is a DIV of 08/570,674 12/11/1995 ABN  
 which is a CIP of 08/324,799 10/18/1994 PAT 5,698,195  
 which is a CIP of 08/192,102 02/04/1994 PAT 5,656,272  
 and is a CIP of 08/192,861 02/04/1994 PAT 5,919,452  
 and is a CIP of 08/192,093 02/04/1994 PAT 6,284,471  
 which is a CIP of 08/010,406 01/29/1993 ABN  
 and is a CIP of 08/013,413 02/02/1993 ABN  
 which is a CIP of 07/943,852 09/11/1992 ABN  
 which is a CIP of 07/853,606 03/18/1992 ABN  
 which is a CIP of 07/670,827 03/18/1991 ABN

*ok*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/13/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 37	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 13
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: _____ Initials: _____				

**ADDRESS**

021005

**TITLE** INFLAMMATION ASSOCIATED WITH

Methods of treating viral infection with chimeric anti-TNF antibodies

**FILING FEE** FEES: Authority has been given in Paper

- All Fees
- 1.16 Fees ( Filing )
- 1.17 Fees ( Processing Ext. of

*TITLE  
SEE  
9/18/06  
AND  
PC  
9/16/06*